

INTERAGENCY COORDINATING COUNCIL **COMMITTEE MEETING MINUTES**

COMMITTEE: Quality Assurance and Personnel and Program Standards

RECORDER: Peter Guerrero

DATE: March 23, 2001

COMMITTEE MEMBERS

PRESENT: Marie Kanne Paulson, Co-Chair, Fran Chasen, James Cleveland, Ruth Cook, Toni Doman, Susan Ferrell, Kan Freedlander, Diane Kellegrew, Linda Landry, Wally Olsen, Lois Pastore, Cheri Shoenborn, and Julie Woods.

STAFF: Peter Guerrero and Virginia Reynolds

DDS LIASONS: Ken Freedlander

ABSENT: Livia Faure-Gault, Co-Chair, Fran Hill, Kris Pilkington and Cindy Venuto (resigned from ICC)

GUESTS: Janine Swanson and Mindy Newhouse

SUMMARY OF IMPORTANT POINTS & ACTIONS CONSIDERED

I. Introductions and Opening Comments:

The committee was called to order at 1:45PM. Committee members and guests introduced themselves and their agency affiliation.

II. Review and Approval of Minutes:

Minutes were reviewed and approved with the following correction: Ruth Cook was not noted as absent at the January 25 meeting.

III. Agenda Review:

Marie Paulson identified priority items to be covered from expanded printed agenda. Items 1 (Interim DDS/CCE QA meeting), 2 (Strategies For Stipends), 3 (FRC/N Utilization Reports from DDS which is to be a joint meeting with Family Support Service Committee), 6 (Complaints: Numbers and Issues), 7 (Service Delivery Reform Committee) and 8 (Natural Environments) will be discussed.

IV. Interim QA Meeting with DDS and CDE:

Wally Olsen, CDE reviewed the purpose and intent of the interim meeting that occurred on Wednesday March 14. Roles and responsibilities of both CDE and DDS in the monitoring of services for 0-3 populations served by each were to be examined. Consideration was to be given to the intent of and similarities and differences between the DDS Joint Monitoring Process and CDE Verification Procedures, statutory requirements and overlap and redundancy at the local level, and possibilities for better coordination and communication between the departments.

The CDE Verification process focuses more on identifying child-specific concerns in order to highlight programmatic non-compliance in the special education population served from birth to age 22. Requirements are dictated by Education Code as well as government code for Early Start. CDE evaluates 1100 districts statewide. Decisions on which districts are to be monitored each year come from the Legislative Analysts Office (LAO). The DDS's Joint Monitoring Process emphasizes programmatic/systemic issues to identify technical assistance needs in the birth to 3, Early Start Program only. DDS evaluates the twenty-one regional center catchment areas and the school districts within each catchment area. Five catchment areas are targeted annually. Evaluation schedule is determined by DDS.

Areas were identified for further discussion:

- Coordination of dates between the DDS Joint and CDE focused process to avoid redundancy and sharing of which districts are to be verified next year to minimize staff time.
- Need to clearly identify the differences of purposes (system vs. child focus) in the two types of monitoring and joint use of data;
- Better distribution and yearly sharing of findings (as previously agreed to) between LEAs and regional centers including general supervision and monitoring responsibilities of the districts in relation to system related and student-related findings.
- Align evaluation instruments when possible.
- Review technical assistance language in state interagency agreements for consistency to ensure joint responsibility for compliance and technical assistance and sanctions for repeated non-compliance.
- Stratification of chart review samples in DDS joint process in order to have more targeted results: 1) Those children served only by regional centers, 2) those children with solely low incidence conditions served only by the LEAs, and 3) those dually served.

DDS has agreed to:

- Immediately act upon findings related to specific children immediately (at exit interviews with corrective action plan) as well as in the final report with systemic issues.
- Mail final reports to RC's, LEAs and members of the monitoring teams.

Other issues discussed at today's meeting:

- Involve LEAs in follow-up plan review meetings between DDS and regional centers;
- Joint crafting and implementing of follow-up plans and
- Ensure that a percentage of dually served children are reviewed each time in order to better identify system-wide issues.

Janine Swanson informed the group that CDE would be training all monitoring staff on Early Start. CDE at this time uses the services of SEEDS consultants for parent input and to review IFSPs and IEPs.

Departments have agreed to address issues and meet again in September 2001 to continue discussions on status of identified issues and implementation. Sub-committee will report at the November QA Committee meeting of the ICC.

Marie thanked the members of the sub-committee for their report and requests a written summary of the first interim meeting be included in minutes of this meeting.

V. Parent Stipends:

The need to train a cadre of persons for the joint site monitoring process was identified again when the group discussed the need to pay parents for their participation. The target group for this training includes ICC members, parents, FRC/N personnel and regional center representatives to participate in monitoring of areas served by sister regional centers. Ken Freedlander summarized a training support and stipend concept modeled after SEEDS that DDS proposes to use. One or two day training will be offered each year in the north, south and centrally. This will build a cadre of trained personnel from which to draw statewide which will be built upon each year.

Next step is for Cheri Shoenborn, Ken Freedlander and Virginia Reynolds (WestEd/CEITAN) to meet regarding training content and allocating funds for support of parents as consultants in the CEITAN budget.

VI. FRC/N Utilization Data:

The FSSC will be unable to meet with this committee due to a very full agenda for their own meeting. Ken Freedlander assisted the committee in better understanding the data collection process used to secure utilization information from the FRC/Ns. He distributed the instruction manual provided to each FRC/N upon DDS request that they collect and submit specific reports (four required and one optional) on an annual basis. He suggested that if FRC/N personnel do feel that there is inconsistency in reporting that it may be a training issue as the instructions included definitions and examples of how to collect the requested information.

Ken believes that the data represented in the reports submitted to the committee and discussed by the committee on January 25, 2001 is meaningful. The data is within the departments expectations of what is appropriate to ask of the FRC/Ns without additional fiscal support and in terms of their desire to use the data to solicit funds from community sources for the work they do.

A suggestion was made to table the discussion until the appropriate FRC Network representatives can be present. There was agreement that the FRC/N representatives will be invited to the next ICC meeting on May 17, 2001. At that time Ken will review and compare utilization data submitted by the FRC/N and the regional centers. Lois Pastore volunteered to provide an In-Focus machine. The discussion will focus on (from January 25 minutes):

- Understanding of Early Start universal data collected and how it relates to FRC/N data elements

- General data collection and reporting procedures
- Refining the data collection system if appropriate
- Defining statistical data packages that can yield reports
- Clarifying the questions the data is answering and projected uses
- Including a narrative section in reports utilizing operationalized terms
- Using actual vs. projected data, and
- Presenting the data in a meaningful way

VII. Complaints:

Cheri reported that the information will be shared at the May QA Committee meeting.

VIII. SDR/Personnel Model:

Cheri provided a summary of the March 15, 2001 SDR Full Committee meeting and the SDR report discussed at that meeting. Julie Jackson presented the report, of the first phase of the SDR process, which focused on residential care only, for comments from the members. The report includes sections on:

Include list here

DDS contractor The Center for Health Policy Studies (CHPS) presented a proposed rate model for residential services.

Public input period for stakeholders ends March 30. Next steps in this phase include:

- Revised report with stakeholder input will be released on July 15, 2001.
- A sixty-day period for public input will follow.
- Public comments will be summarized and appended to the final report due out in August.

Cheri emphasized that the report is designed to get some commitment on funding from the Legislature for service delivery reform. The second phase will include a rate structure and cost model for day programs including infant development programs and respite services.

Concern and frustration were expressed by members of the QA committee that early intervention is not addressed in this report (other than as an “unresolved issue” at the end of the report) and that the Early Start Personnel Model (ESPM) was not acknowledged. There is a need to keep Early Start on the radar screen. How will unresolved issues get resolved? The report includes a recommendation that the ICC address early intervention in relation to the proposed model for the SDR committee. The committee was reminded that members of the ICC were involved in initial reform efforts many years ago and provided input to the SDR committee at the beginning of the process and are now being asked to look at it again.

A suggestion was made that a discussion of the SDR report, Personnel Outcome Evaluation, and how it relates to Early Start be scheduled for its July meeting. This was approved and Cheri will make sure that copies of the May version is made available to QA committee members.

The committee will support the ICC stakeholders' writing a letter reiterating discussion points made at SDR meetings that are not included in the report.

IX. Natural Environments:

Due to time the updates on natural environments will be rescheduled to the next meeting of the QA committee.

X. Other:

Ms. Mindy Newhouse, Speech Pathologist addressed the committee about an ethics and scope of practice and service standards issue that she is concerned about and was encouraged to bring to the attention of the ICC. Specifically she has observed early interventionist/child development personnel providing what they call "language or communication development" that encompasses practice standards for speech pathologists. Often the techniques used are inappropriate for specific children and are used because they "saw a speech therapist doing it." She reported that regional centers have reportedly told program staff that they can do this as long as they don't call it "speech and language therapy." Service coordinators reportedly tell parents that these activities are "the same" as speech therapy.

As a result she has withdrawn from working with a couple of early intervention programs where this kind of situation exists. She has reported to the local regional center and has received no action.

Chair, Marie Paulson and other members of the committee expressed their appreciation for her willingness to bring the issue to the ICC and encouraged her to present the issue at the meeting of the full ICC the following day and to possibly serve as a community representative at future meetings.

Diane Killegrew announced that she will only be able to attend the September 2001 QA meeting as she was accepted as ZTT fellow and the schedule of meetings of the 15 national fellows fall on ICC dates with the exception of September. The committee expressed their disappointment that she would not be able to participate as regularly as before but were excited at her receiving the fellowship and offered their congratulations.

XI. Adjournment:

The meeting was adjourned at 5:15 PM. Next meeting will take place on May 17 and 18 at the Raddisson San Diego. Members are reminded that they now must make their own hotel arrangements. The number there is 1-800-333-3333.